

**SCHAUMBURG HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

NAME: _____ **ID #:** _____ **TODAY'S DATE:** _____
COUNSELOR: _____

Please mail transcript to: (full address needed for scholarship)

Name of College/Scholarship _____
City: _____ **State:** _____
Application Deadline (if any) _____

Please check all that apply:

- _____ **Attached is my completed application**
- _____ **Application submitted electronically**
- _____ **I have requested recommendations from the following teachers**
 - 1. _____
 - 2. _____
- _____ **Counselor recommendation required**
- _____ **Check/money order for application fee attached (student name and social security number on face of check)**
- _____ **Application fee has been paid on-line**
- _____ **I have signed my application**
- _____ **Other attachments** _____
(specify)

Special Instructions:

GIVE THIS FORM AND YOUR COMPLETED APPLICATION TO YOUR COUNSELOR FOR PROCESSING.

Student Signature

OFFICE USE

- | | |
|---|---|
| _____ Application received | Envelope needed: |
| Transcript requested | _____ With address label |
| _____ Current transcript requested | _____ Labeled as "Official Transcript" |
| _____ 7th semester/ mid-year transcript requested | _____ Transcript should be mailed by assistant registrar |
| _____ 8th semester (final) transcript requested | _____ Transcript should be returned to counselor |
| | _____ Transcript mailed on _____ |